



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
The Federal Council on the Aging

Policy Issues Concerning the Elderly Minorities



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Federal Council on the Aging
Washington, D.C. 20201

Policy Issues Concerning the Elderly Minorities

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THE FEDERAL COUNCIL ON THE AGING

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PREFACE AND SPECIAL ACKNOWLEDGEMENTS

The Federal Council on the Aging's final report, Policy Issues Concerning the Minority Elderly, relied on the Human Resources Corporation Report as well as on information from service providers, gerontologists, advocates and older minority recipients of services.

The Council underscores its appreciation for the arguments made by distinguished professionals in the field of aging with differing schools of thought from those of the Council and the majority of older minority advocates. For example, noted gerontologist Dr. Jacquelyne Jackson has questioned the development of aging policy based on race.

The Council recognized the viability of some of these concepts and feels that they should be further explored. However, at present the available knowledge base, which includes minority advocacy organizations, groups and individuals that have been consulted, continues to emphasize the importance of race in examining the developing policy for minority aged. Consequently, the report is based on the premise that race is an important factor in the design of services for older minorities.

The Council also recognizes and endorses any and all long-range policy efforts that would lead to the positive mainstreaming of elderly minorities into the total society.

Finally, while the Council is cognizant of the fact that there are other groups of minority elderly with legitimate survival problems, several limiting factors compelled the Council to address issues that concern the major ethnic minority groups. These groups are identified as Black

Americans, Hispanics, Pacific Islanders/American Asians and American Indians.

The Council hopes that the clear identification of minority elderly needs and federal aging program deficiencies will be considered in federal policymaking and program implementation.

Appreciation is extended to those individuals, organizations, and agencies that in large or small measure made contributions to the information gathered and ultimately this report.

Deep gratitude also is extended to members of the Council's Special Aging Populations Committee -- Dr. Fernando Torres-Gil, Chairman; Dorothy Devereux and Walter Moffett, for their dedication and persistence in preparing the final report and its recommendations.

Special thanks to Mona Negm, consultant to the Special Aging Populations Committee, for identifying, collecting, interpreting and preparing the material for publication, and to Marlene L. Johnson for her skillful editing.

Alan Sheppard, Ph.D.
Special Assistant to the
Chairman
Federal Council on the Aging

I. INTRODUCTION

A. THE ROLE OF THE FEDERAL COUNCIL ON THE AGING

The Federal Council on the Aging (FCA) was established by the 1973 Amendments to the Older Americans Act as a presidential advisory body. The Council, composed of 15 members appointed by the President with congressional approval, is an advocate on behalf of older people. The Comprehensive Older Americans Act Amendments of 1978 direct the Council, as was mandated in the 1973 Amendments to the Older Americans Act, to perform the following functions:

1. advise and assist the President on matters relating to the special needs of older Americans;
2. assist the Commissioner on Aging in making the appraisal of the nation's existing and future personnel needs in the field of aging;
3. review and evaluate, on a continuing basis, federal policies regarding the aging and programs, and other activities affecting the aging conducted or assisted by all federal departments and agencies for the purpose of appraising their value and their impact on the lives of older Americans;
4. serve as a spokesman on behalf of older Americans by making recommendations to the President, to the Secretary of HEW, the Commissioner on Aging, and the Congress with respect to Federal policies regarding the aging and federally conducted or assisted programs and other activities related to or affecting them;
5. inform the public about the problems and needs of the aging in consultation with the National Information and Resource Clearinghouse for the Aging by collecting and disseminating information, conducting or commissioning studies and publishing the results thereof and by issuing publications and reports; and

6. provide public forums for discussing and publicizing the problems and needs of the aging; obtaining information relating thereto by conducting public hearings and by conducting or sponsoring conferences, workshops, and other such meetings.

B. SPECIAL AGING POPULATIONS COMMITTEE

Due to the Council's interest in exploring and addressing the needs of all elderly, a committee on Special Aging Populations was established.

The Committee is concerned with those segments of the aging population having different life problems such as access to resources, distinctive cultures and various problems requiring unusual social and economic support. Specifically, this Committee is concerned with policy issues affecting the following elderly, though not limited to this target population: low income; minority; rural; urban; handicapped and women.

II. THE HUMAN RESOURCES CORPORATION REPORT

A. OVERVIEW

Recognizing the need for research and data information concerning policies and programs affecting the socio-economic and political conditions of the above-mentioned groups of minority elderly, the Council commissioned the Human Resources Corporation (HRC), an 8(a) firm which conducts research and provides program and management consultation, to develop a report on that group of the minority population. The report was to be based on an intensive study of aspects of concern to the minority aged. The Council assigned the Special Aging Populations Committee the responsibility for final review of the HRC Report.

B. PURPOSE OF THE MINORITY ELDERLY STUDY

The purpose of the report was to:

1. collect, analyze and synthesize available data on four major minority elderly groups (American Indian, Black, Hispanic and American/Asians and Pacific/Islanders);
2. evaluate federal policies and programs as they affect the above-mentioned elderly minority groups with particular attention to the FCA's policy proposal regarding the frail elderly;
3. identify data gaps and further research which needs to be undertaken; and
4. develop policy recommendations.

C. PARTICIPANTS/PROJECT STAFF

Participants in the report included a group of gerontologists, advocacy organizations for aging, and representatives of various governmental agencies engaged in programs affecting the aging. The participants worked closely with the HRC in the implementation of the various stages of the Report.

The project was directed by Masato Inaba, President of HRC, with the assistance of Dr. Louise Stuttsman, Senior Vice President. Dr. Sharon Fujii, then a member of the FCA, served in an advisory capacity to the project group, while Mr. Robert Foster of the FCA staff served as Project Officer.

D. CRITIQUE OF THE HRC REPORT

After reviewing the HRC Report, the Special Aging Populations Committee felt that:

- o in general, its design and execution reflected systematic thinking;
- o issues which were included were presented in a non-biased manner;
- o some vitally important issues of service both to older minorities and their service providers were exposed; and
- o recommendations were in general imaginative and offered positive alternatives to federal aging programs and service deficiencies.

However, the Committee identified areas that needed improvement and questioned the extent of information on which the Report had relied. (For example, lack of evidence of authoritative sources or empirical substantiation of information).

In an effort to get a broader assessment of the usefulness of the Report, the Committee sent copies of it to minority organizations, advocates and key gerontologists requesting their evaluation. Overall, the reviewers were pleased that the Federal Council on the Aging had commissioned the Report and felt it represented a major step in focusing attention on

federal policies affecting the minority elderly. However, their specific comments regarding the weaknesses of the HRC Report were:

1. It did not fully achieve its initial objective to collect, analyze and synthesize available data on the four elderly minority groups;
2. It relied on limited research and in some cases lacked up-to-date information;
3. It failed to directly involve some minority organizations in the development of the Report; and
4. It touched only lightly on the needs of the frail elderly.

III. UPDATED REPORT ON THE
 MINORITY ELDERLY

A. BACKGROUND

In examining needs of services for older Americans, the FCA became aware of and concerned about differing needs and responses to services within varied groups of the general aging population. For example, life-styles, employment, income, housing and health status between the four major ethnic minority subgroups -- (Black Americans, Hispanics, Pacific Asians* and American Indians) -- and the elderly white majority population are demonstrably different.

The HRC Report was genesis to the development of the FCA Report. It should be noted that some of the important premises and recommendations in this report were extrapolated from the HRC Report.

The Council's Special Aging Populations Committee drew on additional sources of information in order to update, supplement and modify, where appropriate, some of HRC's statistical data, socio-economic information and recommendations.

The Special Aging Populations Committee pursued its objectives by reaching out to the minority aging population, service providers, gerontological research and a myriad of other sources.

B. METHODS

Methods used to develop this final Report were:

1. Written Reactions

The constructive comments and recommendations sent in from key minority organizations such

*(as used in this report the term refers to Pacific Islanders/Asian Americans).

as the National Caucus/Center on the Black Aged, National Indian Council on Aging, Asociacion Nacional Pro Personas Mayores, Pacific Asian Coalition, members of the Federal Council on the Aging, particularly Dr. Bernice Neugarten, as well as other advocacy groups in response to the HRC Report, were carefully considered and in many cases implemented in this report.

2. Symposia/Hearing and Meetings

a. Jackson, Mississippi

A National Symposium/Hearing was held in Jackson, Mississippi on May 14, 1979 in conjunction with the 7th Annual Conference of the National Caucus on the Black Aged.

The Commissioner on Aging, representatives of key minority organizations, state agencies, service providers, as well as elderly recipients of services, testified at the hearing on four major topics:

- o Data and Census Information
- o Education, Training and Employment
- o Natural Supportive Networks
- o Other pertinent issues including health care, transportation, and housing

b. San Francisco, California

A meeting was held in San Francisco, California on June 29, 1979. Present were advocates for the minority elderly, service providers and elderly groups from the Japanese, Chinese, Black, Indian, Hispanic, Pacific/Asian and Gay Communities, as well as the director of the San Francisco Regional Office on Aging.

A broad range of subjects concerning the special needs of each of the above subgroups were thoroughly discussed. Among them were:

- o Federal Income Maintenance Programs
- o Housing

- o Health Care
- o Researchable Areas

c. Neah Bay, Washington

A meeting was held in Neah Bay, Washington on August 9-10, 1979. Representatives of the Makah Indian Tribe Senior Center and Indian elders were in attendance.

Special issues of concern to the Indian elderly were discussed. The priorities were:

- o Transportation
- o Health Care
- o Nutrition
- o Outreach
- o Housing
- o Income Maintenance

3. Census Report

To the extent possible, the most up-to-date census information is cited to accurately describe the status of older minorities. It should be noted, however, that deficiencies do exist in the data because of Census undercount.

IV. THE MINORITY ELDERLY:
OVERVIEW AND PROFILE

A. TARGET POPULATIONS OF CONCERN

According to the Census Bureau, the total number of minority elderly in the U.S. aged 55 and over was 5.4 million in 1978. Of the 5.4 million, 1,495,000 were aged 55 to 59 years; 1,114,000 were 60 to 64 years; and 2,772,000 were 65 plus.*

The four major groups of minority elderly that are the subject of this Report include:

1. BLACK AMERICANS

2. HISPANICS

Consisting of Mexicans, Puerto Ricans, Cubans, those of Central and South American, and European origins.

3. PACIFIC ASIANS

Pacific Islanders consisting of Fijians, Guamanians, Hawaiians, Micronesians, and Samoans.

Asian Americans representing Burmese, Cambodians, Chinese, Koreans, Laotians, Malaysians, Philipinos, Thais, and Vietnamese.

4. AMERICAN INDIANS

The 278 federally recognized Indian tribes, Aleuts, Eskimos and Alaskan natives as defined by Public Law 93-638 of the Indian Self Determination and Education Assistance Act of 1975.

*U.S. Department of Health, Education and Welfare, Administration on Aging. Statistical Reports on Older Americans, No. 5. "The Older Black Population," Table 6 (forthcoming), p. 55.

U.S. Bureau of the Census, unpublished data from the March 1978 Current Population Survey, p. 56.

The following information represents a breakdown of the socio-economic and political characteristics of each of the major groups of minority elderly discussed in this Report. This form of identification serves to underline the importance of taking into account: cultural diversity with its socio-economic and political implications in the development of aging policies; and implementation of service delivery programs to the minority aging community.

A.1. DEMOGRAPHIC CHARACTERISTICS
(size of non-institutional populations)

RACE	AGE	NUMBER
White	65+	22,331,000
	55+	41,204,000
Black	65+	2,041,000
	60-64	814,000
	55-59	<u>1,017,000</u>
	55+	3,872,000
Hispanic	55+	1,113,000
Pacific-Asian	60+	203,000
	55+	275,000
American Indian	55+	89,000

A. OLDER BLACK AMERICANS

1. Demographic Characteristics

According to the Bureau of Census, it is estimated that the total number of Blacks 55 years and over in 1979 was 3,872,000 out of which 1,017,000 were 55 to 59; 814,000 were 60 to 64; and 2,041,000 were 65 and over.¹

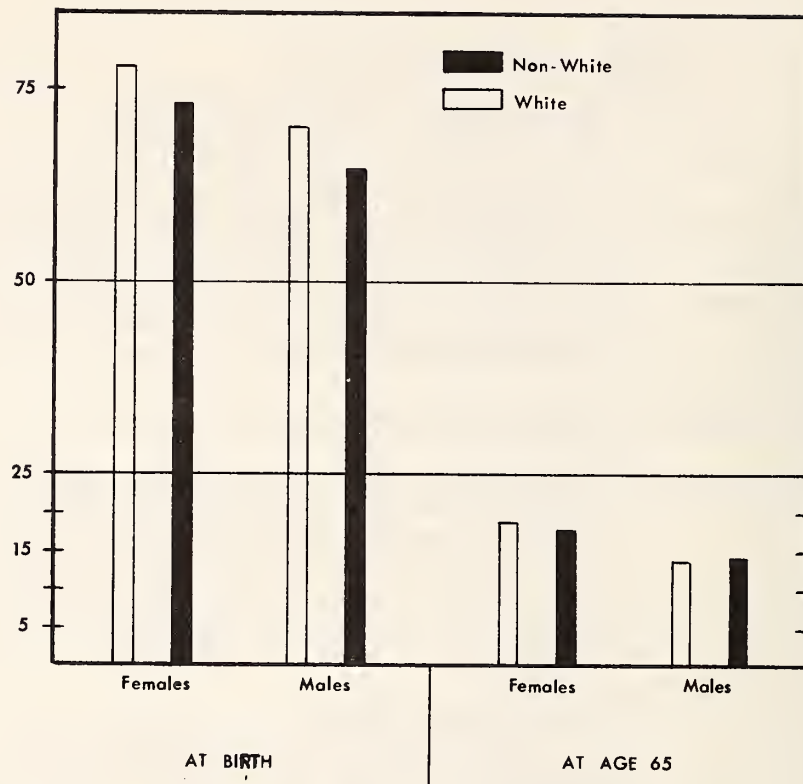
2. Geographic Location

The current Census Bureau report indicates a shift in the older Black population from rural to metropolitan areas. In 1978, over 55 percent of all Black aged lived in the central cities of metropolitan areas compared to only 27 percent of all white aged.²

3. Life Expectancy

Although the life expectancy in 1977 of whites at birth was about five years greater than nonwhites, this gap narrows with age; at age 65 and over for males, and 75 and over for females. Nonwhites are expected to outlive their white counterparts by a slight margin at age 65, nonwhite males and females are expected to live another 14.0 and 17.8 years, respectively. Life expectancy at birth in 1977 for nonwhites was 68.8 years for both sexes, compared to 73.8 years for whites. Nonwhite males' life expectancy at birth was more than five years below that for white males; 64.6 years to 70.0 years. Life expectancy at birth for nonwhite females was 73.1 years, compared to 77.7 years for white females. This is important since the Black population constitutes 90 percent of the total nonwhite population. The same percentage is reflected in the proportion of Black elderly as compared to the total population of older minorities.³

A.3. LIFE EXPECTANCY (in years)



4. Family Structure/Natural Support Networks

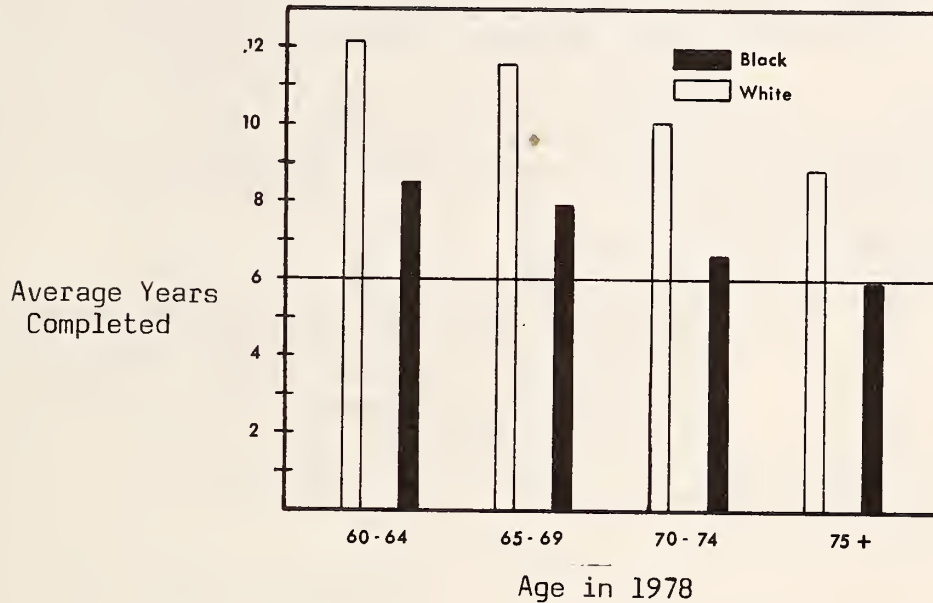
The extended family with its informal support networks (day care services, child adoption, etc.) is widely prevalent in Black families and facilitated by their housing situation. (Most older Blacks own their homes and in most cases are the heads of households). Also, in 1978, about 540,000 elderly Blacks aged 65 years and over were living alone compared to 6.2 million elderly whites. There is a major difference between elderly Black and white family composition. For example, in 1978, elderly Black women headed 32 percent of Black families where the head of the household was 65 and over. Approximately 41 percent of these elderly households headed by Black women had children under 18 living with them, in comparison to 9 percent of families headed by elderly white women.⁴

5. Education

Lower educational levels have contributed markedly to the higher unemployment rate among elderly Blacks, as well as their lower economic status.

The median levels of educational attainment in the U.S. in 1978 for whites was 60-64 (12.2), 65-69 (11.6), 70-74 (10.1) and 75 and over (8.8); while for elderly Blacks 60-64 (8.5), 65-69 (7.9), 70-74 (6.6), and 75 and over (5.9).⁵

A.5. EDUCATION



6. Employment/Income

Black elderly men, occupying mostly blue collar work, had a much higher unemployment rate in 1979 than elderly white males. For example, in 1979, elderly (55+) white males had an unemployment rate of 2.6 percent in comparison to a 5.3 percent unemployment rate for Black elderly men. Elderly Black women also had a higher unemployment rate than elderly white women. The unemployment rate for Black elderly women was 4.5 percent in comparison to that of their white counterparts of 3.0 percent.

The median income in 1977 for a Black family with an aged head (65+) was only 64 percent of that for comparable elderly white families. The median annual income for a two-person family with a head aged 65 or older in 1977 was \$8,700 for white and \$5,201 for Black.

Nearly one out of every three Blacks 55 years or older lived in poverty in 1978. Aged Blacks are more than three times as likely to be poor as elderly whites (30 percent of all Blacks 55 years and older live in poverty in contrast to 10 percent for older whites).⁶

7. Housing

According to the Bureau of the Census, an estimated 71 percent of all Black families headed by elderly (60+) persons owned their homes in 1978, as compared to 84 percent of all white families. Since the majority of the elderly Blacks own their homes, they are least likely to live in public housing or subsidized rental units.⁷

8. Health

Several diseases which are characteristic of the Black aged are: hypertension (one of the leading causes of death); heart disease; and neoplasms (account for about three-fourths of their deaths).⁸

B. OLDER HISPANICS

1. Demographics

The most recent report of the Census (1979) estimated that the total number of Hispanic elderly population 55 years and over to be approximately 1.1 million. The Hispanic elderly population represents approximately 9.2 percent of the total Hispanic population. A heterogenous group, it is composed of several Hispanic cultures that have been grouped together because they share the same language.

The Hispanic population in the U.S. is composed of Mexican Americans, representing approximately 61 percent of the entire Hispanic population followed by Puerto Ricans, representing approximately 14 percent and the Cuban representing 7 percent. Most of the remaining 18 percent are from Central or South America.⁹

2. Geographic Location

In 1978 about 84 percent of the Hispanic elderly population lived in metropolitan areas.¹⁰

3. Life Expectancy

Even though it is public knowledge that the Hispanic life span is much shorter than that of their white counterparts, concrete data are nonexistent.

4. Family Structure/Natural Support Network

It is widely believed that the Hispanic elders live in extended family situations. However, according to the Asociacion Nacional Pro Personas Mayores' final report on the second National Hispanic Conference on Aging, this is not the case. In 1975, only 9.7 percent of the Spanish origin elderly, the majority of which were women, lived in such extended family situations; 60 percent lived in husband-wife arrangements and the other 30 percent -- 70 percent of which were women -- lived as primary individuals.

Census Bureau data for 1978 show that only 18 percent of the Hispanic elderly age 55 and over live alone or with non-relatives in

comparison to 24 percent of the total U.S. population age 55 and over.¹¹ There are indications that within the Hispanic communities, neighbors, friends and churches provide the elderly with some support services.

5. Education

Data indicate that in 1978, 38 percent of the Hispanic older (60+) females and 43 percent of their male counterparts had been to school for less than five years. In 1978 only 19 percent and 18 percent of males and females had four years of high school or more in comparison to 42 and 43 percent of the total U.S. population 60 years and over. For the Hispanic elderly population as a whole, males received an average of 6.6 years of schooling and females received 5.9 years.¹²

6. Employment/Income

In 1970, 34 percent of Hispanics 65 years and older were farm workers or service workers.¹³ In 1977, the median income for families with head of Spanish origin 65 years and over was \$7,538 compared to \$9,110 for white families.¹⁴ A 1978 Department of Labor report indicates that the unemployment rate for Hispanic persons 55 years and over was 5.8 percent as compared to 5.0 percent for Blacks and 2.8 percent for whites.¹⁵

7. Housing

In 1977, 46 percent of households headed by Hispanics 65 years and older were rented, compared to only 29 percent of all elderly households in the U.S.¹⁶ A 1979 Census Bureau report shows that, in 1978, there were 2,764,000 Hispanic families in the U.S., of which 195,000 had persons 65 years and over as heads of households, while 454,000 had heads of households 55 years and over.

8. Health

Data are scarce on the health status of older Hispanics.

B. 2 GEOGRAPHIC LOCATION

	White	Black	Hispanic
Number Living in Urban Areas	10,700,000	2,080,000	924,000
Percent of Total Group	27	55	84

B. 6 EMPLOYMENT

Percent Rate of Unemployment in 1978
among persons 55 or older.

	Male	Female
White	2.9	3.1
Black	4.9	5.1
Hispanic	5.3	

C. OLDER PACIFIC ASIANS

1. Demographic

The 1970 Census indicates that the total number of older Pacific Asians, 55 years and over was about 275,000, while those 60 and over numbered 203,000.

2. Geographic Location

The older Pacific Asians tend to be concentrated mainly in larger cities such as Los Angeles, Honolulu, San Francisco, San Diego, Boston, New York, and Washington.

3. Life Expectancy

Dr. Sharon Fujii reported in a research project on Pacific Asians which was developed by the National Advisory and Resource Committee, that even though the proportion of elderly is much smaller compared to the general population of Pacific Asians, those who reach 65 years of age live longer in comparison to their white counterparts.¹⁷ This also is true in the case of Chinese and Japanese elderly who at age 75 have a higher life expectancy. It is noteworthy that life expectancy data for each of the various subgroups of the Pacific Asian population at birth and at age 65 is practically nonexistent.

4. Family Structure/Natural Support Networks

Due to past U.S. Immigration Laws prohibiting some Pacific/Asian males from bringing their families, many elderly Pacific Asian men are deprived of family support.¹⁸ The proportion of Pacific Asian households headed by men living alone was twice as high in 1970 as the elderly population in general. This is an indication of the difference in sex composition between the elderly Pacific Asian and the rest of the elderly population.

Even though statistical data on family structure are scarce some studies conducted by the Center on Aging of San Diego State University on older Japanese (Issei) and older Philipinos¹⁹ indicate that families and neighbors serve both as coping mechanisms to aging and as traditional support networks. It should be noted that this condition

does not apply to all Pacific elders. Indeed other studies on Pacific Asians indicate a slow disintegration of the family structure.²⁰

5. Education

A report based on the National Advisory and Resource Committee previously mentioned indicates that the Pacific Asian elderly population, in general, had lower median school years completed than the rest of the subgroups of the minority elderly. For example, elderly Chinese males and females had 6.7 and 4.4 school years compared to 8.6 for the total population. Japanese males and females had 8.5 years of schooling compared to 12.6 years for the total population. Japanese elderly in Hawaii had the lowest educational attainment, 7.4 years for men and 6.1 years for women.²¹

6. Employment/Income

The Fujii report indicates that the majority of elderly Pacific/Asians, apparently because of their limited education and language barriers, are often relegated to farm work and other manual labor.

Although there were more Chinese, Japanese and Philipino elderly in the labor force than the general older population, the report based on the above Pacific/Asian Research Project noted that in 1969 they had the lowest median income of the total elderly population. For example, the median annual income for Japanese males and females was \$266 less for males and \$128 less for females than the annual income for the total population. The median incomes for Philipino and Chinese elderly were less than the national figure for all other elderly groups.

Their economic conditions are further complicated by their distrust of the federal government and its sponsored services, due to past discrimination laws, thus the majority does not request nor receive income maintenance services.

7. Housing

Studies conducted in 1978 of a small sample of the older Japanese population by the San Diego Center on Aging indicate that the majority of older Japanese (Issei), 83 percent, owned or were in the

process of buying their own homes and only 3 percent were living with their adult children.²² This is in contrast to older Philipinos who tend to rent. Adequate information on housing needs for older Pacific Asians is lacking.

8. Health

There is no available national data outlining the physical and mental conditions of older Pacific Asians. Also, little information is known about their disease characteristics.

D. OLDER AMERICAN INDIANS²³

1. Demographics

Several socio-political and historical factors contribute to an under count of the older Indian population, as well as conflicting methods of identification of their service needs. The 1970 Census data indicate the number of Indians both on and off reservations to be 792,000. About 89,000 of these were 55 years and older.

2. Geographic Location

In the 1970 Census data, the percentage of Indians by tribe who lived on identified reservations ranged from 3 percent among the Catawba to 77 percent among the Pueblo sub-groups. According to the final report on the first National Indian Conference on Aging there is a growing shift of the elderly population toward the urban areas.

3. Life Expectancy

The report on socio-economic and health characteristics of older American Indians printed in 1978 by the National Clearinghouse on Aging, Administration on Aging, indicates that life expectancy at birth for American Indians is generally lower than that for whites. However, at 45 years and over, the gap between the two begins to diminish. For example, in 1970, American Indians 45 years of age had an average life expectancy of 29.1 compared to 30.6 for whites. American Indians 55 years of age had a life expectancy of 22.0 years compared to 22.3 for whites; whereas, life expectancy for American Indians age 65 years of age or over was 15.4 compared to 15.2 for whites.

However, the National Indian Council on Aging suggests that the above statistics could be misleading because the proportional number of American Indians surviving past the age of 55 is lower than the comparative number of non-Indian Americans.

LIFE EXPECTANCY

	American Indian	White
At age 45	29.1	30.6
At age 55	22.0	22.3
At age 65	<u>15.4</u>	15.2

4. Family/Natural Support Networks

Various statements made at the Jackson hearing and San Francisco Neah Bay meetings, as well as documented reports, attest to the strong traditional bond existing between the Indian family and their older members. Older Indians continue to play an important role in the extended American Indian families. However, according to the National Indian Council on Aging the increasing acculturation of young American Indians has caused the natural support network to erode at a rapid pace. It is important to note that there are still insufficient data to draw definite conclusions.

5. Education

The educational attainment of older American Indians in 1970 was well below the national norm for older persons. The proportion of American Indians 65 years old and over who had obtained a high school diploma was half that of the total older population (13 percent versus 27 percent). Three-fifths of older American Indians had completed less than 8 years of schooling and only 2 percent had completed four or more years of college. Among older American Indians, women were more likely to be high school graduates than men (15 percent versus 11 percent). Three-fifths of American Indians 65 years and over had completed less than five years of formal schooling compared to one-third of the 45 to 64 age group.

6. Employment/Income

Older American Indians, because of their limited education, poor access to well-paying jobs caused by a myriad of socio-economic, political and geographic obstacles, are often relegated to poor working conditions and low-paying jobs. They often are employed in mining, forestry, and other manual labor.

The income of older American Indians was below that of older persons of all races. According to the 1970 Census, the median income for elderly males 65 and over was \$1,654 and \$1,162 for females.

Older American Indians, familiar with federal and local income maintenance programs, are often fearful of losing their maintenance allocations (Social Security, SSI, food stamps, etc.) and thus are discouraged to supplement their income through sales of arts and crafts. In many other cases older American Indians are driven to extreme poverty due to their distrust of the federal government and lack of knowledge of the bureaucratic procedures required in acquiring needed economic assistance. In 1969, the latest year for which poverty data are available for the national Indian population, the poverty rate for older Indians (65+) was twice as high as for elderly persons of all races.

7. Housing

Statistical data on the number of older American Indian renters and owners are nonexistent. However, elderly Indians were more likely to live in two or more person households and in rural areas than elderly persons of all races. In 1970, the Bureau of the Census indicated that among the 17,544 two or more person households headed by American Indians age 65 or older, 76 percent of these units were headed by males, slightly lower than the proportion of this household size headed by the total elderly males (83 percent). In contrast, 64 percent of single person units were occupied by elderly Indian women as opposed to 36 percent occupied by elderly Indian men.

8. Health

A 1978 Administration on Aging report on the social, economic, and health statistics indicates that the leading causes of hospitalization among elderly American Indians were diseases of the circulatory, respiratory, digestive and nervous systems, neoplasms (cancer), and accidents.

FOOTNOTES

¹

U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 870, 1979, "Estimates of the Population of the United States by Age, Sex, and Race: 1976-1979," Table 2.

²U.S. Bureau of the Census, unpublished data from the March 1978 Current Population Survey.

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VI. FINDINGS

The Special Aging Populations Committee's examination of the numerous research studies, in addition to its sponsored hearings and meetings, brought to light some important findings concerning the socio-economic characteristics of the four older minority subgroups.

Findings from the aforementioned activities represent a broad picture of what the majority of those in the field of aging, and especially older people themselves, consider the major deficiencies in aging programs and federal policies toward the elderly. With respect to the four older minority groups studied, the findings are grouped into four categories:

- A. Homogeneous characteristics;
 - B. Heterogeneous characteristics;
 - C. Those depicting gaps in services and research data; and
 - D. Those outlining federal aging policies and program deficiencies.
- A. Homogeneous Characteristics

In general, the findings, which were consistent with other studies, revealed that the vast majority of the members comprising the four minority elderly groups studied share the following commonalities:

- a lower life expectancy than their white counterparts;
- bilingual, bicultural barriers to services;
- fewer median school years completed than the total elderly population;
- low paying, blue collar jobs (many without Social Security or retirement benefits);
- inadequate benefits from federal income supplement programs;

- fewer opportunities for training and employment for those on income maintenance programs;
- a struggle against skyrocketing inflation, high taxes and increasing energy costs;
- poor housing conditions, reflective of a federal housing policy unresponsive to minority needs;
- a fear of the increasing incidence of crime committed against their age group;
- insufficient social and health care services both mental and physical;
- an underrepresentation of members of their ethnic groups on federal, state, and local level policy-making bodies;
- an emotional and mental attachment to their ethnic communities (i.e., natural support networks);
- a fear of being removed from their cultural surroundings and placed into institutions such as nursing homes or other long-term care facilities; and
- an underrepresentation of the number and socio-economic characteristics of each of their ethnic groups by census.

B. Heterogeneous Characteristics

The findings suggest that the minority elderly exhibit important differences relative to their:

- RESPONSES TO COMMON NEEDS
(The diversity of their cultural experiences and historical background is reflected in their responses to common needs).
- RELATIONSHIP WITH THEIR NATURAL SUPPORT NETWORKS
(For example, while the bond between the natural support networks and older Blacks is strong, it is disintegrating for older Pacific Asians and Hispanics).
- SEX RATIOS
(Older Black women outnumber their male counterparts, while older Pacific Asian men outnumber older Pacific Asian women).

● GEOGRAPHIC DISTRIBUTION

(Even though a heavy concentration of elderly minorities can be found in urban areas, a large number of minority elderly, especially American Indians, live in rural geographic locations).

● EXPRESSION OF NEEDS

(Except for older Blacks, bilingual differences exist within each subgroup of an ethnic elderly group).

C. Information Gaps and Needed Research

The findings also indicate that the socio-economic characteristics of the older minorities are unfavorably affected by insufficient census data and research information.

The Committee's findings further point to areas of gaps where there is a need to:

- encourage federal agencies to develop accurate methods of collecting information on the quality and quantity of services to the older minority population;
- develop reliable baseline data that provides comprehensive descriptions of the subgroups of older minorities (socio-economic, demographic and health characteristics);
- establish community-based research programs involving researchers (especially minorities) and members of the various minority communities in the implementation of the research and dissemination of the findings;
- make available and accessible, research information material to the older minority communities, their advocates and service providers;
- provide technical assistance to older minority communities particularly with respect to the development and implementation of services;
- request from the Bureau of Census more frequent comprehensive and accurate reporting for all older minority subgroups of the population;
- examine the natural support networks and the extent to which they act as coping responses to aging; and

- establish data on the socio-economic and institutional factors depriving older minorities from full participation in federal programs.

D. Deficiencies in Federally Funded Aging Programs

During the Symposium/Hearing and meetings, several issues surfaced concerning federal policies and programs for the aging.

It was stated that these policies and programs:

- are designed without taking into account cultural diversities existing within the subgroups of the aging population;
- overlook the traditional role of many older minorities in their extended families;
- do not adequately involve the minority aging communities and their advocates, in the planning and implementation procedures;
- suffer from a shortage of bilingual and bicultural staff on the federal, state, regional, and local levels;
- underestimate the needs of the older minority subgroups for mental health services;
- do not provide for sufficient funds to minority colleges for the training of minority personnel, for advocacy and for research in the field of minority aging;
- utilize reporting and coding systems which do not accurately represent and differentiate among the number of older minorities who are in need and those who are recipients of services; and
- lack the coordination between existing federal policies and those of the various state and local levels of government.

VII. IMPORTANT PREMISES TO CONSIDER IN
PROGRAM DEVELOPMENT

The findings suggest several premises to be considered by legislators and providers of services in the establishment, development and implementation of aging programs. These include the premises that:

- older minorities constitute the bulk of the elderly population most in need;
- older minorities maintain some attitudes and perceptions that are different from non-minority elderly and thus their responses to needs vary;
- acceptable and accessible programs are based on the principle that older minorities and their diverse subgroups are heterogeneous. The heterogeneity of the older minorities stems from their differing cultural and demographic characteristics and their varying socio-economic and political needs;
- older minorities natural support networks in some instances are not as effective as they may be perceived and thus a careful assessment of available community resources to work as support systems for older minorities is essential prior to any aging program development;
- without the involvement of the minority elderly and representatives of their communities in policy formulation, program planning and implementation, many costly projects could risk being unacceptable to the older minorities and thus be underutilized and ineffective;
- federal policies often do not take into account the role of the elderly minorities in their extended families and thus create inflexible regulations with detrimental impact upon their financial and psycho-social lives;
- the various regulations of federal agencies often offset each others' benefits, resulting in social and economic hardship, especially for the minority elders. Successfully implemented minority geared aging programs must utilize bilingual and bicultural aging professionals as well as effective methods of advertising the available services;

- minority elderly are in dire need of comprehensive health care services (both mental and physical) and thus health care should be integrated into the delivery of a comprehensive aging program; and
- bilingual difficulties compounded by bureaucratic requirements often are barriers to income maintenance benefits badly needed by the minority elderly.

VII. IMPLICATIONS FOR FEDERAL POLICYMAKING

Serious questions continue to be raised about the effectiveness of federal policy for the minority elderly. Not only are many of their needs not adequately addressed, but in several instances federal policy has worked against their interest and well-being. Like other older Americans, the minority elderly face formidable challenges in their day-to-day existence. But their fundamental problems -- inadequate income, mounting health care costs, transportation, unsuitable housing, double-digit inflation and spiraling energy bills -- are all too often intensified by their minority status.

The implications for federal policymaking are numerous. These implications can be discussed by examining the critical factors which severely affect the minority elderly and are common to each group in varying degrees with respect to public policy:

- (A) Census Under-counting
- (B) Cultural Factors
- (C) Language Barriers
- (D) Differences in Eligibility for Services
- (E) Information Gaps
- (F) Lack of Minority Representation
- (G) Multiple Discrimination
- (H) Socio-Political and Administrative Barriers
to Services

A. Census Under-counting

To develop realistic federal policies and programs and to provide needed services to the minority elderly, it is vitally

important that the 1980 Census data be comprehensive in its coverage of their socio-economic, health and political characteristics.

B. Cultural Factors

The minority elderly are culturally different. They have diverse languages, customs, values and traditions. Consequently, in the development of federal, state and local policies and the implementation of programs and services of concern to the minority elderly, it is necessary to consider these cultural diversities. For example, the minority elderly maintain attitudes and perceptions that are different from those held by non-minority elderly. These include such attitudes as reluctance to admit to needs or to identify needs related to themselves. Value constructs indigenous to those cultures affect how they view the process of aging and their methods of coping with it.

In short, culturally established differences in expectations and norms may have significant implications in which federal policy impacts upon the minority elderly. For example, the Supplemental Security Income (SSI) program discourages older persons from living in another person's household or from having relatives move in with them. If living arrangements are shared with relatives, the older person's income is reduced by one-third, the assumption being that these arrangements constitute receipt of support and maintenance "in-kind." This policy discriminates against the minority elderly who have customs, traditions, and expectations of living with their families or within extended kinship systems, and/or who may need to live with others due to economic necessity.

C. Language Barriers

Consistent with an awareness of cultural factors in federal policymaking is the recognition that many elderly members of Asian, Mexican, and Native-American communities have difficulty understanding and/or communicating in English. The same is true of older Blacks who communicate with a non-standard dialect. Therefore, for this reason alone, many minority elderly are unaware of benefit programs and social services. Consequently, federal aging programs and policies must provide for language differences by taking steps to insure that staffs serving the minority elderly have multicultural and bilingual qualifications.

D. Differences in Eligibility for Services

An important policy issue to be considered is the age limit attached to being eligible for certain benefits and/or services. For example, many witnesses at the previously mentioned hearings and meetings testified in favor of age 55 as the minimum chronological age for receipt of public benefits by older minorities because 55 is the age at which their mortality rates most closely approximate those of white elderly at age 60 or 65.

E. Information Gaps

As a condition to a successful aging program, an accurate reporting and coding mechanism, identifying the differing subgroups of older minorities by ethnicity and socio-economic characteristics, must be developed and applied in uniformity on federal, state and local levels of government.

F. Minority Representation

A frequent concern expressed by those representing the elderly and, indeed, older people themselves at the Council's hearings and meetings, is the lack of minority representation in State Offices on Aging, Area Agencies on Aging, advisory boards, training and educational programs and other programs/agencies serving older people. In short, the growing minority elderly population warrants federal initiatives in providing recruitment of leadership and/or policies that will result in greater minority participation in decisions that will impact on the lives of the minority elderly in the present and future.

G. Multiple Discrimination

Considerable disparity remains between the minority elderly and their white counterparts on many levels. The National Urban League, the Senate Special Committee on Aging and other groups have raised the issue of "double jeopardy" or "multiple jeopardy" stating that the factor of race greatly contributes to the inequalities between Black and white aging populations. Evidence derived from these investigations suggests its applicability to each of the minority groups studied. These inequalities include income, health, mortality rates, housing and several other vital areas.

For example, the Older Americans Act Amendments of 1978 indicate that the U.S. Civil Rights Commission is to investigate discrimination on the basis of race in all federal programs affecting older people. The federal government should take the lead in working toward the extinction of multiple discrimination wherever it exists.

H. Socio-Political and Administrative Barriers to Services

There is a critical need to know more about specific requirements, regulations, administrative status and organizational dynamics which make it difficult, if not impossible, for the minority elderly to receive needed services in a manner which represents cultural uniqueness.

In order to achieve these goals, the federal government must allocate funds for extensive, systematic and well-planned research programs. In addition, the allocation of funds for recruitment and training of minority persons must become a government priority.

VIII. POLICY RECOMMENDATIONS

THE FEDERAL COUNCIL ON THE AGING, IN ITS ADVISORY ROLE TO THE PRESIDENT, THE CONGRESS, THE SECRETARY OF HEALTH, EDUCATION AND WELFARE, THE COMMISSIONER ON AGING AND OTHER FEDERAL AGENCIES HAVING RESPONSIBILITIES IN THE FIELD OF AGING, MAKES THE FOLLOWING RECOMMENDATIONS:

1. On Cultural Diversities

That regulations and policies affecting the elderly take into account the variation of languages, customs, values and traditions among differing population groups.

RATIONALE

During the various hearings, older minorities and their advocates emphasized that the acceptability of services by a culturally diverse elderly population be considered equally as important as the accessibility of services; and that access to services for differing population groups be clearly outlined in program policies, development, management, and administration.

2. On Program Access

That the Secretary of HEW and the Commissioner on Aging review reporting mechanisms of state offices and Area Agencies on Aging in order to determine whether they accurately reflect the involvement of minority elderly programs and services, permit evaluation of program impact and allow accurate determination of the extent to which minority elderly are being served.

To ensure the above, the Administration on Aging examine, among other indicators, whether their:

- (A) coding and reporting requirements take into account a breakdown of minority elderly by ethnic identity, and age groups;
- (B) program planning utilizes statistical methods reflecting regional concentrations of minority elderly; and
- (C) information gathering instruments are standardized to ensure that data are useful not only for the Administration on Aging but for other agencies, groups and researchers.

RATIONALE

A large number of minority advocates voiced concern during the Special Aging Populations Committee's various hearings about the small percentage of minority elders benefiting from federally funded aging programs. Minority advocates expressed the need for a well developed coding and reporting mechanism systematically adopted by federal, state, and local agencies.

3. On Minority Employment

That the Secretary of HEW, the Commissioner on Aging, and other federal agencies serving the aging:

- (A) examine the number of minority persons in decision-making, administrative and advisory positions;
- (B) encourage the active recruitment of minorities in such positions; and
- (C) ensure adequate representation of minorities by requesting that information be gathered on a systematic basis about the placement of minorities, as a means of determining the places and positions for which there should be active recruitment.

RATIONALE

Witnesses at the Jackson Symposium/Hearing repeatedly pointed to the small percentage of minorities holding policy-making positions in federal agencies. They pointed out that professional minorities are well sensitized to older minorities' needs and thus are able to develop policies and programs responsive to those needs.

4. On Training and Research

That the Secretary of HEW and the Commissioner on Aging increase the amount of funding under Title IV of the 1978 Older Americans Act for training and research to minority institutions and public nonprofit organizations. The explicit purpose of additional funds would be to improve the quality of services to meet the critical shortage of adequately trained minority personnel and to conduct research in the field of minority aging.

RATIONALE

Statements made by minority advocates at the Jackson Symposium/Hearing identified shortages of funding to minority colleges and institutions for research, advocacy and training of minorities in the field of aging as one of the critical problems.

5. On Outreach

That the Congress, the Administration on Aging, the Department of Health, Education and Welfare, the Department of Housing and Urban Development, the Department of Transportation and other federal, state and local agencies providing services to the aging:

- (A) involve minority elderly subgroups of the population in policymaking, development, and implementation of aging programs, and
- (B) encourage the participation of minority elders in the decision-making process through intensive outreach by means of bilingual and bicultural:
 - News Media (radio, TV and newspaper)
 - Fliers
 - Word of mouth
 - Community leaders -- places of worship, schools
 - Senior Centers
 - Local chapters, national organizations for the minority.

RATIONALE

Statements presented at the various hearings and meetings sponsored by the Special Aging Populations Committee of the FCA identified the need for better coordination and cooperation between federal, state and local Area Agencies on Aging (AAA) and elderly minority communities in the planning and development of services to minority elders. Presently some federally sponsored programs geared to minorities are being underutilized. This is largely due to a poor bicultural, bilingual outreach system.

6. On the 1980 Census

That the Department of Health, Education and Welfare, the Administration on Aging and other federal agencies responsible for aging programs, conduct research projects in conjunction with the 1980 Census to ensure accurate information on the diverse groups within the elderly minority populations.

RATIONALE

Statements from service providers and researchers during the hearings and meetings sponsored by the Special Aging Populations Committee indicate a dire need for baseline data on each elderly subgroup of the minority population. The greatest gaps of information are centered around health, life expectancy, Social Security benefits and family

7. On Health

That the Department of Health, Education and Welfare, the Administration on Aging and the National Center for Health Statistics conduct a national minority health survey on the nation's elderly minority subgroups residing inside and outside of institutional settings.

RATIONALE

Such a survey would seek data concerning their health characteristics including (morality and morbidity), special needs (mental/physical-free choice of physician), service uses (local clinics, hospitals and office visits), living conditions (institutionalized, receiving home health care services/or living with an extended family). The need for the above information was brought out during the Jackson Symposium/Hearing by older minorities as well as by their service providers.

8. On Health/Social Services

That the Secretary of Health, Education and Welfare and the Commissioner on Aging:

- (A) allow flexibility in the 1978 Older Americans Act Regulations regarding the integration of health services with social service centers, and
- (B) introduce the above integrated services as a core delivery system in a network of support services for minority and frail elderly.

RATIONALE

The intent is to ensure that medical and social assessments are included on a continuing basis and available to monitor the elder person's needs. Witnesses at the Jackson hearing and at the San Francisco and Neah Bay meetings indicated that the low utilization of public medical and social resources by older minority subgroups and the frail elderly population is primarily due to limited access.

9. On Data/Race

That the Administration on Aging and other federal agencies providing services to elderly minorities use age and race simultaneously as important control variables in the construction of descriptive tables, in their statistical reports, and data base policy development.

RATIONALE

Race has been considered a relevant factor in the design of services for minority elderly, in part due to the higher incidence of minorities in lower socio-economic status and some special health problems. Race is considered relevant because of associated cultural, social, historical, geographical and political factors. Race-neutral programs do not effectively meet the needs of minority elderly.

10. On Housing

That the Commissioner on Aging, in conjunction with the Secretary of Housing and Urban Development, exert every effort to ensure that public housing is:

- A) located within the surroundings familiar to older minorities;
- B) designed flexibly to accommodate the single elders, as well as those members of extended families, and assure the elimination or lack of architectural barriers;
- C) planned and developed in conjunction with the older minority groups, as well as state and local government officials.

RATIONALE

Several statements were made by minority elders and service providers during the Jackson hearing and San Francisco and Neah Bay meetings, attesting to the need for a more culturally sensitive approach in planning and developing public housing projects and federally funded renovation programs. This was especially true at the Neah Bay meeting (Indian Reservation).

11. On Research/Natural Support Network

That the Administration on Aging and/or the National Institute on Aging make funding available for:

- A) research on the socio-cultural factors and institutional barriers affecting the utilization of services; and
- B) the effect of the natural support network as a coping mechanism to problems associated with aging.

RATIONALE

Testimony by service providers at Jackson and San Francisco demonstrates an underutilization of services vitally needed by the elderly minorities. This could be one reason for lower life expectancy.

It is important to investigate whether this underutilization of services is caused by socio-cultural factors. Several minority groups have lamented over the general misconception that older minorities are automatically respected by the younger members of their groups and included as members of extended families.

It is thus necessary to find out the extent and types of support provided by extended minority families to their older members.

12. On Employment/Natural Support Network

That the Administration on Aging work in conjunction with other federal agencies to ensure that:

- (A) Supplemental Security Income is not reduced when an older person lives with his or her family;
- (B) receiving income for the care of an elderly family member should not preclude the child or parent from a means tested program.

RATIONALE

Suggestions were made during the Jackson hearing that since low-income minority elderly generally are members of family networks and are beset with economic difficulties,

providing training as well as income to a family member would enhance his/her potential marketable skills and allow him/her to train others. This approach would foster intergenerational bonds, strengthen the family, and afford a human and economical alternative to institutional care.

13. On Crime Prevention

That the Administration on Aging, the Department of Health, Education and Welfare, the Department of Justice and the American Bar Association work together toward developing bilingual and bicultural:

- (A) crime victim assistance programs;
- (B) legal assistance; telephone hotlines; and
- (C) tape recorded messages for telephone use carrying information on crime prevention, crisis centers, consumer issues, landlord/tenants rights, crime assistance to victims, legal procedures, and small claims court.

RATIONALE

Older persons, especially minority group members, have become the traditional targets of street crime and consumer fraud. They are particularly vulnerable because they often live in high crime neighborhoods. Many minority subgroups encounter linguistic and cultural barriers when in need of the legal system (i.e., police officers, attorneys and courts). Representatives for minority elders at the San Francisco meeting indicated this situation of helplessness further increases their sense of despair.

14. On Transportation

That the Administration on Aging
work in conjunction with the
Department of Transportation to:

- A) coordinate regulations
affecting transportation
programs for older minorities
in an effort to eliminate
gaps or duplication of service
delivery; and
- B) maximize the utilization of
community resources by
encouraging the use of their
various transportation systems.

RATIONALE

Without an adequate transportation system, elderly minorities, especially in rural areas, often find themselves shut-in and deprived of their most essential basic needs. This condition was emphasized during the Jackson and Neah Bay meetings with older Blacks, Indians and their service providers.

15. On the Frail Elderly

That policy on frail elderly should
use age with functional and socio-
physical assessment to determine
eligibility.

RATIONALE

Since those conditions which are identified in the Council's Frail Elderly Study affect elderly persons at an earlier age, special provisions should be made to have the frail elderly benefits triggered by a functional test. Such a functional test would be available to all persons, but would have special relevance for minority persons who are vulnerable.

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